

# **TennCare Companion Guide**

**835 Health Care Claim Payment/Advice -  
HIPAA/V5010X221A1**

**Version: 1.0 Final**

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<b>Trading Partner:</b>	
<b>Notes:</b>	



# **Introduction/ Purpose:**

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.



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## 835

**Health Care Claim Payment/Advice****Functional Group=HP**

**Purpose:** This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Payment/Advice Transaction Set (835) for use within the context of the Electronic Data Interchange (EDI) environment. This transaction set can be used to make a payment, send an Explanation of Benefits (EOB) remittance advice, or make a payment and send an EOB remittance advice only from a health insurer to a health care provider either directly or via a financial institution.

**Not Defined:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

**Heading:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
0100	ST	Transaction Set Header	M	1			Required
0200	BPR	Financial Information	M	1			Required
0400	TRN	Reassociation Trace Number	O	1		C1/0400	Required
0500	CUR	Foreign Currency Information	O	1		C1/0500	Situational
0600	REF	Receiver Identification	O	1			Situational
0600	REF	Version Identification	O	1			Situational
0700	DTM	Production Date	O	1			Situational
<b>LOOP ID - 1000A</b>					<b>1</b>	<b>C1/0800L</b>	
0800	N1	Payer Identification	O	1		C1/0800	Required
1000	N3	Payer Address	O	1			Required
1100	N4	Payer City, State, ZIP Code	O	1			Required
1200	REF	Additional Payer Identification	O	4			Situational
1300	PER	Payer Business Contact Information	O	1			Situational
1300	PER	Payer Technical Contact Information	O	>1			Required
1300	PER	Payer WEB Site	O	1			Situational
<b>LOOP ID - 1000B</b>					<b>1</b>	<b>C1/0800L</b>	
0800	N1	Payee Identification	O	1		C1/0800	Required
1000	N3	Payee Address	O	1			Situational
1100	N4	Payee City, State, ZIP Code	O	1			Situational
1200	REF	Payee Additional Identification	O	>1			Situational
1400	RDM	Remittance Delivery Method	O	1			Situational

**Detail:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<b>LOOP ID - 2000</b>					<b>&gt;1</b>	<b>N2/0030L</b>	
0030	LX	Header Number	O	1		N2/0030	Situational
0050	TS3	Provider Summary Information	O	1			Situational
0070	TS2	Provider Supplemental Summary Information	O	1			Situational
<b>LOOP ID - 2100</b>					<b>&gt;1</b>		
0100	CLP	Claim Payment Information	M	1			Required
0200	CAS	Claims Adjustment	O	99		N2/0200	Situational
0300	NM1	Patient Name	M	1			Required
0300	NM1	Insured Name	O	1			Situational
0300	NM1	Corrected Patient/Insured Name	O	1			Situational

0300	NM1	Service Provider Name	O	1		Situational
0300	NM1	Crossover Carrier Name	O	1		Situational
0300	NM1	Corrected Priority Payer Name	O	1		Situational
0300	NM1	Other Subscriber Name	O	1		Situational
0330	MIA	Inpatient Adjudication Information	O	1		Situational
0350	MOA	Outpatient Adjudication Information	O	1		Situational
0400	REF	Other Claim Related Identification	O	5		Situational
0400	REF	Rendering Provider Identification	O	10		Situational
0500	DTM	Statement From or To Date	O	2		Situational
0500	DTM	Coverage Expiration Date	O	1		Situational
0500	DTM	Claim Received Date	O	1		Situational
0600	PER	Claim Contact Information	O	2		Situational
0620	AMT	Claim Supplemental Information	O	13		Situational
0640	QTY	Claim Supplemental Information Quantity	O	14		Situational
<b>LOOP ID - 2110</b>			<b>999</b>			
0700	SVC	Service Payment Information	O	1		Situational
0800	DTM	Service Date	O	2	N2/0800	Situational
0900	CAS	Service Adjustment	O	99	N2/0900	Situational
1000	REF	Service Identification	O	8		Situational
1000	REF	Line Item Control Number	O	1		Situational
1000	REF	Rendering Provider Information	O	10		Situational
1000	REF	HealthCare Policy Identification	O	5		Situational
1100	AMT	Service Supplemental Amount	O	9		Situational
1200	QTY	Service Supplemental Quantity	O	6		Situational
1300	LQ	Health Care Remark Codes	O	99		Situational

**Summary:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
0100	PLB	Provider Adjustment	O	>1			Situational
0200	SE	Transaction Set Trailer	M	1			Required

**Not Defined:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

**Notes:**

- 2/0030L The LX segment is used to provide a looping structure and logical grouping of claim payment information.
- 2/0030 The LX segment is used to provide a looping structure and logical grouping of claim payment information.
- 2/0200 The CAS segment is used to reflect changes to amounts within Table 2.
- 2/0800 The DTM segment in the SVC loop is to be used to express dates and date ranges specifically related to the service identified in the SVC segment.
- 2/0900 The CAS segment is used to reflect changes to amounts within Table 2.

**Comments:**

- 1/0400 The TRN segment is used to uniquely identify a claim payment and advice.
- 1/0500 The CUR segment does not initiate a foreign exchange transaction.
- 1/0800L The N1 loop allows for name/address information for the payer and payee which would be utilized to address



- remittance(s) for delivery.
- 1/0800 The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.
- 1/0800L The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.
- 1/0800 The N1 loop allows for name/address information for the payer and payee which would be utilized to address remittance(s) for delivery.

# ISA Interchange Control Header

<b>Pos:</b>	<b>Max: 1</b>
<b>Not Defined - Mandatory</b>	
<b>Loop: N/A</b>	<b>Elements: 16</b>

**User Option (Usage):** Required

**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	<b>Authorization Information Qualifier</b>  <b>Description:</b> Code identifying the type of information in the Authorization Information <b>TennCare Notes:</b> <i>Preferred value is '00'</i>	M	ID	2/2	Required
ISA02	I02	<b>Authorization Information</b>  <b>Description:</b> Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) <b>TennCare Notes:</b> <i>EDI fills with spaces for the outbound if data not present.</i>	M	AN	10/10	Required
ISA03	I03	<b>Security Information Qualifier</b>  <b>Description:</b> Code identifying the type of information in the Security Information <b>TennCare Notes:</b> <i>Preferred value is '00'</i>	M	ID	2/2	Required
ISA04	I04	<b>Security Information</b>  <b>Description:</b> This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) <b>TennCare Notes:</b> <i>EDI fills with spaces for the outbound if data not present.</i>	M	AN	10/10	Required
ISA05	I05	<b>Interchange ID Qualifier</b>  <b>Description:</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified <b>TennCare Notes:</b> <i>Preferred value is 'ZZ'</i>	M	ID	2/2	Required
ISA06	I06	<b>Interchange Sender ID</b>  <b>Description:</b> Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element <b>TennCare Notes:</b> <i>TennCare's ID '626001445TC' for Outbound Transactions</i>	M	AN	15/15	Required

ISA08	I07	<b>Interchange Receiver ID</b> <b>Description:</b> Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them <b>TennCare Notes:</b> <i>Sender Trading Partner ID based upon submitted claim(s).</i>	M	AN	15/15	Required
ISA09	I08	<b>Interchange Date</b> <b>Description:</b> Date of the interchange <b>TennCare Notes:</b> <i>System-generated. 6 bytes.</i>	M	DT	6/6	Required
ISA15	I14	<b>Interchange Usage Indicator</b> <b>Description:</b> Code indicating whether data enclosed by this interchange envelope is test, production or information <b>TennCare Notes:</b> <i>Use 'T' for Test Transactions and 'P' for Production Transactions.</i>	M	ID	1/1	Required
ISA16	I15	<b>Component Element Separator</b> <b>Description:</b> Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator <b>TennCare Notes:</b> <i>Semicolon (;)</i>	M		1/1	Required

# GS Functional Group Header

<b>Pos:</b>	<b>Max: 1</b>
<b>Not Defined - Mandatory</b>	
<b>Loop: N/A</b>	<b>Elements: 8</b>

**User Option (Usage):** Required

**Purpose:** To indicate the beginning of a functional group and to provide control information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS02	142	<b>Application Sender's Code</b> <b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners <b>TennCare Notes:</b> <i>Same as ISA06</i>	M	AN	2/15	Required
GS03	124	<b>Application Receiver's Code</b> <b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners <b>TennCare Notes:</b> <i>Same as ISA08</i>	M	AN	2/15	Required
GS05	337	<b>Time</b> <b>Description:</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) <b>TennCare Notes:</b> <i>Use this time for the creation time. The recommended and preferred format is HHMM.</i>	M	TM	4/8	Required

# ST Transaction Set Header

Pos: 0100	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

**User Option (Usage):** Required

**Purpose:** To indicate the start of a transaction set and to assign a control number

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code	M	ID	3/3	Required

**Description:** Code uniquely identifying a Transaction Set

**TennCare Notes:**

Autoplug '835'

# BPR Financial Information

Pos: 0200	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

**User Option (Usage):** Required

**Purpose:** To indicate the beginning of a Payment Order/Remittance Advice Transaction Set and total payment amount, or to enable related transfer of funds and/or information from payer to payee to occur

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BPR03	478	<b>Credit/Debit Flag Code</b> <b>Description:</b> Code indicating whether amount is a credit or debit <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>	M	ID	1/1	Required
BPR05	812	<b>Payment Format Code</b> <b>Description:</b> Code identifying the payment format to be used <b>TennCare Notes:</b> <i>When BPR04 is 'ACH', information in BPR05 through BPR15 must also be included.</i>	O	ID	1/10	Situational
BPR06	506	<b>(DFI) ID Number Qualifier</b> <b>Description:</b> Code identifying the type of identification number of Depository Financial Institution (DFI) <b>TennCare Notes:</b> <i>When BPR04 is 'ACH', information in BPR05 through BPR15 must also be included.</i>	X	ID	2/2	Situational
BPR09	508	<b>Account Number</b> <b>Description:</b> Account number assigned <b>TennCare Notes:</b> <i>When BPR04 is 'ACH', information in BPR05 through BPR15 must also be included.</i>	X	AN	1/35	Situational
BPR10	509	<b>Originating Company Identifier</b> <b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification. <b>TennCare Notes:</b> <i>When BPR04 is 'ACH', information in BPR05 through BPR15 must also be included.</i>	O	AN	10/10	Situational
BPR12	506	<b>(DFI) ID Number Qualifier</b> <b>Description:</b> Code identifying the type of identification number of Depository Financial Institution (DFI) <b>TennCare Notes:</b> <i>When BPR04 is 'ACH', information in BPR05 through BPR15 must also be included.</i>	X	ID	2/2	Situational
BPR13	507	<b>(DFI) Identification Number</b> <b>Description:</b> Depository Financial Institution (DFI) identification number	X	AN	3/12	Situational

		<b>TennCare Notes:</b> <i>This will be pulled from  t_chk_no_state.num_vendor_aba if BPR04 =  'ACH' or 'FWT'.</i>				
BPR15	508	<b>Account Number</b> <b>Description:</b> Account number assigned <b>TennCare Notes:</b> <i>This will be pulled from  t_chk_no_state.num_vendor_acct if BPR04  'ACH' or 'FWT'.</i>	X	AN	1/35	Situational
BPR16	373	<b>Date</b> <b>Description:</b> Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year <b>TennCare Notes:</b> <i>This will be pulled from  t_chk_no_state.dte_issue if BPR04 = 'ACH' or  'FWT'.</i>	O	DT	8/8	Required

# TRN Reassociation Trace Number

Pos: 0400	Max: 1
Heading - Optional	
Loop: N/A	Elements: 4

**User Option (Usage):** Required

**Purpose:** To uniquely identify a transaction to an application

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TRN01	481	<b>Trace Type Code</b>  <b>Description:</b> Code identifying which transaction is being referenced <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>	M	ID	1/2	Required
TRN02	127	<b>Reference Identification</b>  <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>TennCare Notes:</b> <i>This will be pulled from t_chk_no_state.num_check if BPR04 = 'ACH' or 'FWT'.</i>	M	AN	1/50	Required
TRN03	509	<b>Originating Company Identifier</b>  <b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions, business transaction or assigning tracking reference identification. <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>	O	AN	10/10	Required



# REF Receiver Identification

Pos: 0600	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF02	127	<b>Reference Identification</b>	X	AN	1/50	Required

**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**TennCare Notes:**

*IF Header Payment Group  
[payment\_receiver\_id] = Header Payee Group  
[payee\_provider\_id]  
THEN this segment is left blank  
ELSE mapHeader Payee Group [payee  
provider id]*

# DTM Production Date

Pos: 0700	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify pertinent dates and times

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTM01	374	Date/Time Qualifier	M	ID	3/3	Required

**Description:** Code specifying type of date or time, or both date and time

**TennCare Notes:**

*Value being plugged by translation map*

**N1****Payer Identification**

<b>Pos: 0800</b>	<b>Max: 1</b>
<b>Heading - Optional</b>	
<b>Loop: 1000A</b>	<b>Elements: 4</b>

**User Option (Usage):** Required**Purpose:** To identify a party by type of organization, name, and code**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	<b>Entity Identifier Code</b>	M	ID	2/3	Required

**Description:** Code identifying an organizational entity, a physical location, property or an individual

**TennCare Notes:**

*Value being plugged by translation map*

## PER Payer Business Contact Information

Pos: 1300	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 8

**User Option (Usage):** Situational

**Purpose:** To identify a person or office to whom administrative communications should be directed

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	<b>Contact Function Code</b> <b>Description:</b> Code identifying the major duty or responsibility of the person or group named <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>	M	ID	2/2	Required
PER03	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>	X	ID	2/2	Situational

## PER Payer Technical Contact Information

Pos: 1300	Max: >1
Heading - Optional	
Loop: 1000A	Elements: 8

**User Option (Usage):** Required

**Purpose:** To identify a person or office to whom administrative communications should be directed

### Syntax Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.
2. P0506 - If either PER05 or PER06 is present, then the other is required.
3. P0708 - If either PER07 or PER08 is present, then the other is required.

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
PER01	366	<b>Contact Function Code</b>  <b>Description:</b> Code identifying the major duty or responsibility of the person or group named <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>  <b>CodeList Summary</b> (Total Codes: 238, Included: 1) <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>BL</td><td>Technical Department</td></tr></table>	<u>Code</u>	<u>Name</u>	BL	Technical Department	M	ID	2/2	Required
<u>Code</u>	<u>Name</u>									
BL	Technical Department									
PER02	93	<b>Name</b>  <b>Description:</b> Free-form name	O	AN	1/60	Situational				
PER03	365	<b>Communication Number Qualifier</b>  <b>Description:</b> Code identifying the type of communication number <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>	X	ID	2/2	Situational				

# N1 Payee Identification

Pos: 0800	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 4

**User Option (Usage):** Required

**Purpose:** To identify a party by type of organization, name, and code

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	<b>Entity Identifier Code</b>  <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>	M	ID	2/3	Required
N102	93	<b>Name</b>  <b>Description:</b> Free-form name <b>TennCare Notes:</b> <i>Value being plugged by translation map</i>	X	AN	1/60	Required
N103	66	<b>Identification Code Qualifier</b>  <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>TennCare Notes:</b> <i>FI - Atypical Provider</i> <i>XX - Healthcare Provider with an NPI Non-NPI qualifiers are valid for atypical providers going forward but only for healthcare providers until the end of the CMS allowed dual usage period.</i> <i>All healthcare providers are required to use NPI on and after May 23 2007</i>	X	ID	1/2	Required

# REF Payee Additional Identification

Pos: 1200	Max: >1
Heading - Optional	
Loop: 1000B	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	<b>Reference Identification Qualifier</b>  <b>Description:</b> Code qualifying the Reference Identification <b>TennCare Notes:</b> <i>TJ is required when XX/NPI in N103/4</i>	M	ID	2/3	Required

**LX****Header Number**

Pos: 0030	Max: 1
Detail - Optional	
Loop: 2000	Elements: 1

**User Option (Usage):** Situational**Purpose:** To reference a line number in a transaction set**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LX01	554	Assigned Number	M	N0	1/6	Required

**Description:** Number assigned for  
differentiation within a transaction set

**TennCare Notes:**

*'0001' for first claim loop within ST. Add +1 for each claim loop. Begin New Loop for each claim type/claim status break.*

# TS3 Provider Summary Information

Pos: 0050	Max: 1
Detail - Optional	
Loop: 2000	Elements: 14

**User Option (Usage):** Situational

**Purpose:** To supply provider-level control information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
TS301	127	<b>Reference Identification</b>	M	AN	1/50	Required

**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**TennCare Notes:**

*When available, use NPI in TS301.*

# CLP Claim Payment Information

Pos: 0100	Max: 1
Detail - Mandatory	
Loop: 2100	Elements: 12

**User Option (Usage):** Required

**Purpose:** To supply information common to all services of a claim

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CLP01	1028	<b>Claim Submitter's Identifier</b>	M	AN	1/38	Required
		<b>Description:</b> Identifier used to track a claim from creation by the health care provider through payment <b>TennCare Notes:</b> <i>IF Claim Header [claim_type] is populated AND Claim Header [patient_acct_num] is populated THEN map Claim Header [pateint_acct_num] ELSE autoplug '0'</i>				
CLP06	1032	<b>Claim Filing Indicator Code</b>	O	ID	1/2	Required
		<b>Description:</b> Code identifying type of claim <b>TennCare Notes:</b> <i>Autoplug 'MC' if Claim Header -- [int_control_number] is populated</i>				



# NM1 Patient Name

Pos: 0300	Max: 1
Detail - Mandatory	
Loop: 2100	Elements: 8

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	Identification Code Qualifier	X	ID	1/2	Situational

**Description:** Code designating the system/method of code structure used for Identification Code (67)

**TennCare Notes:**

*'MR' is used for most FFS claims.*

# NM1 Service Provider Name

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100	Elements: 8

**User Option (Usage):** Situational

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM108	66	<b>Identification Code Qualifier</b>	X	ID	1/2	Required
		<b>Description:</b> Code designating the system/method of code structure used for Identification Code (67) <b>TennCare Notes:</b> <i>'MC' - Atypical Provider</i> <i>'XX' - Healthcare Provider with an NPI Non-NPI qualifiers are valid for atypical providers going forward but only for healthcare providers until the end of the CMS allowed dual usage period. All healthcare providers are required to use NPI on and after May 23 2007</i>				
NM109	67	<b>Identification Code</b>	X	AN	2/80	Required
		<b>Description:</b> Code identifying a party or other code <b>TennCare Notes:</b> <i>NPI</i>				

# AMT Claim Supplemental Information

Pos: 0620	Max: 13
Detail - Optional	
Loop: 2100	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To indicate the total monetary amount

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required

**Description:** Code to qualify amount

**TennCare Notes:**

*Autoplug 'AU'*

# QTY Claim Supplemental Information Quantity

Pos: 0640	Max: 14
Detail - Optional	
Loop: 2100	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify quantity information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
QTY01	673	Quantity Qualifier	M	ID	2/2	Required

**Description:** Code specifying the type of quantity

**TennCare Notes:**

*Rep 1: 'CA'*

*Rep 2: 'NA'*

*Rep 3: 'CD'*

# SVC Service Payment Information

Pos: 0700	Max: 1
Detail - Optional	
Loop: 2110	Elements: 7

**User Option (Usage):** Situational

**Purpose:** To supply payment and control information to a provider for a particular service

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SVC01-01	235	<b>Product/Service ID Qualifier</b>  <b>Description:</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) <b>TennCare Notes:</b> <i>IF Claim Detail [procedure_code] is populated, THEN  SVC01-1 = Claim Detail [procedure_type],  SVC01-2 = Claim Detail [procedure_code],  and  SVC04 = Claim Detail [revenue_code]  ELSE  SVC01-1 = 'NU',  SVC01-2 = Claim Detail [revenue code]</i>	M	ID	2/2	Required
SVC01-02	234	<b>Product/Service ID</b>  <b>Description:</b> Identifying number for a product or service <b>TennCare Notes:</b> <i>IF Claim Detail [procedure_code] is populated, THEN  SVC01-1 = Claim Detail [procedure_type],  SVC01-2 = Claim Detail [procedure_code],  and  SVC04 = Claim Detail [revenue_code]  ELSE  SVC01-1 = 'NU',  SVC01-2 = Claim Detail [revenue code]</i>	M	AN	1/48	Required
SVC04	234	<b>Product/Service ID</b>  <b>Description:</b> Identifying number for a product or service <b>TennCare Notes:</b> <i>IF Claim Detail [procedure_code] is populated, THEN  SVC01-1 = Claim Detail [procedure_type],  SVC01-2 = Claim Detail [procedure_code],  and  SVC04 = Claim Detail [revenue_code]  ELSE SVC01-1 = 'NU',  SVC01-2 = Claim Detail [revenue code]</i>	O	AN	1/48	Situational
SVC05	380	<b>Quantity</b>  <b>Description:</b> Numeric value of quantity <b>TennCare Notes:</b> <i>If not present, the value is assumed to be one</i>	O	R	1/15	Situational

# DTM Service Date

Pos: 0800	Max: 2
Detail - Optional	
Loop: 2110	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify pertinent dates and times

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTM01	374	Date/Time Qualifier	M	ID	3/3	Required

**Description:** Code specifying type of date or time, or both date and time

### TennCare Notes:

*Rep 1 (Detail First Date of Service): Autoplug '150'*

*Rep 2 (Detail Last Date of Service): Autoplug '151'*

# REF Service Identification

Pos: 1000	Max: 8
Detail - Optional	
Loop: 2110	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**TennCare Notes:**

*Autoplug '6R'. 'E9', 'G1' are for future reference.*

# REF Rendering Provider Information

Pos: 1000	Max: 10
Detail - Optional	
Loop: 2110	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To specify identifying information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier	M	ID	2/3	Required

**Description:** Code qualifying the Reference Identification

**TennCare Notes:**

*Autoplug 'ID' 'HPI' is the NPI indicator*



# AMT Service Supplemental Amount

Pos: 1100	Max: 9
Detail - Optional	
Loop: 2110	Elements: 2

**User Option (Usage):** Situational

**Purpose:** To indicate the total monetary amount

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code	M	ID	1/3	Required

**Description:** Code to qualify amount

**TennCare Notes:**

*Autoplug 'B6'*

# PLB Provider Adjustment

Pos: 0100	Max: >1
Summary - Optional	
Loop: N/A	Elements: 14

**User Option (Usage):** Situational

**Purpose:** To convey provider level adjustment information for debit or credit transactions such as, accelerated payments, cost report settlements for a fiscal year and timeliness report penalties unrelated to a specific claim or service

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PLB02	373	Date	M	DT	8/8	Required

**Description:** Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year

**TennCare Notes:**

YYYY1231 Where YYYY = Current Year